

DAY 1

Keynote Forum



EuroSciCon Conference on

Dental & Dental Hygiene

March 26-27, 2018 Edinburgh, Scotland

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Patrick Fellus, J Den Craniofac Res 2018, Volume: 3
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FROM SUCTION DEGLUTITION TO SWALLOWING DEGLUTITION THROUGH CORTICAL OR SUBCORTICAL NETWORKS

Patrick Fellus

French Pediatrics Orthodontics Society, France

Dropping suction deglutition is necessary to build a physiological occlusion. For 60% of children, it occurs by itself around the age of four years; it is in this sample of children that we will find the ones who will never need any orthodontic treatment. When the child requires a treatment, acquiring a good swallowing not only reduces the duration of the treatment but also ensures the stability of the results and avoids the risk of a relapse. This change of the swallowing program can be either done by the cortical or the subcortical way, but the results will be different. According to Eric Kandel, winner of Nobel Prize of Medicine in 2000, when this action comes from the cortical area, there is a stimulation of neurotransmitters in our synapses in the short term memory, but when it comes from the subcortical area the child's brain creates new synapses which stimulate the long term ones.



Biography

Patrick Fellus is the current President of the French Pediatrics Orthodontics Society, a former Attached Consultant for the Parisians Hospitals and former Legal Expert in France. He has written three books and has more than 100 publications.

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THE SAVASYSTEM BRACKET PRESCRIPTION FOR NEUROMUSCULAR ORTHODONTICS

Fabio Savastano

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Neuromuscular dentistry is the understanding of the relationship between the temporomandibular joints (TMJ), teeth, muscles and nerves. It enables the optimum physiologic position of the jaw to be established to assist in the correction of the underlying causes of craniofacial – temporomandibular joint, head and neck pain. Neuromuscular dentistry is also used to determine the optimum physiologic jaw position prior to complex dental restorative procedures, cosmetic dentistry, dental sleep medicine procedures, dentofacial orthopedics and orthodontics. It is a diagnostic and treatment modality of dentistry that focuses on correcting the physiologic “misalignment” of the jaw at the temporomandibular joint (TMJ). This lecture focuses on diagnosis and treatment of temporomandibular disorders in orthodontic patients according to neuromuscular principals and philosophy. Bioelectric instrumentations include the use of Ultra-Low-Frequency TENS, Electromyography and Computerized Mandibular Scanning. The procedure is described according to the ICNOG (International College of Neuromuscular Orthodontics and Gnathology) protocol. The Savasystem bracket prescription is described in detail showing the advantages from a gnathological point of view.

Biography

Fabio Savastano graduated in Medicine and Surgery in 1987 *cum Laude* at the University of Naples, Italy. He completed his Master's Degree in Orthodontics at the University of Padua, Italy in 1990. He is an Adjunct Professor and Director of the Master's in Neuromuscular Orthodontics at the University of Valls, Andorra. He is the President of International College of Neuromuscular Orthodontics and Gnathology, Italy and International Member of the American Association of Orthodontics, is Member of numerous associations and has lectured in Brazil, Canada, UAE, Spain, Bahrain, Czech Rep., India, Ukraine, and Italy on Neuromuscular Orthodontics.

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THE IMPORTANCE OF ORTHOPEDIC TREATMENT IN CROUZON SYNDROME — DETAILED CLINICAL DESCRIPTION

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Facial orthopedics is fundamental for the early correction of orofacial and dental deformities in patients with Crouzon syndrome. This syndrome is an autosomal dominant, hereditary disease characterized by craniofacial deformities caused by the premature closure of cranial sutures. It is clinically diagnosed by the reduction of the anterior and posterior cranial bases, exophthalmia, and maxillary hypoplasia. The forehead is high, with a hooked nose, hypertelorism, palpebral ptosis, and asymmetrical orbits. Treatment during the growth phase is essential to achieve stimulation of the upper jaw, providing space for all teeth, and also balancing the mandible. With these, there is a functional restoration of speech, swallowing and mastication that are essential for development, besides providing an aesthetic improvement during adolescence phase. Early treatment minimizes the need of more aggressive surgical procedures. The aim of this lecture is to describe all steps of an orthopedic treatment using removable and fixed appliances in a 10 year old girl with Crouzon syndrome that underwent an orthopedic/orthodontic treatment during her growth phase.



Biography

Liana Lima Pinheiro is the Author of the first Brazilian book of "Lingual Orthodontics". She is also the Creator of the First Regular Course in Lingual Orthodontics in Brazil, teaching all over the world. She has a Master's Degree in Orthodontics and Facial Orthopaedics, Doctorate in Laser in Orthodontics, Specialization in Orthodontics and Facial Orthopaedics, Post-graduated in Functional Occlusion, and the Managing Director of Oficina De Ortodontia, an Orthodontic School in Brazil. She is an Honorary Member of the Brazilian Odontology Academy and also from Odontology Academy of Rio de Janeiro, an important title to her professional career not only in recognition of her clinical and educational work but also her professional success.

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OPIATE CRISIS? A COMPREHENSIVE REVIEW WITH COMMON-SENSE RECOMMENDATIONS FOR THE CONTROL OF DENTAL AND SURGICAL PAIN

Michael Ellis

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Dental neglect and dental procedures often create significant discomfort requiring a strategic approach to pain control while meeting patient expectations for a reasonable level of comfort. This course will review the epidemiology and history of dental prescribing habits and the use of opiates for the control of dental-origin pain. Concepts of tolerance, dependence, and pre-emptive analgesia will be introduced and discussed related to current treatment strategies. Finally, recommendations for the management of common dental procedural-induced pain will be provided. Goals and objectives for this course include: exposure to the epidemiology of the opiate crisis and the role of dentistry related to potential opioid abuse, An introduction to the pharmacology and psychology of tolerance and dependence, a review of pre-emptive analgesia to enhance success for post-procedural pain, Understanding abuse and misuse of narcotics and other controlled substances, understanding the requirement of the TSBDE for annual self-query through the prescription, monitoring program of the Texas State Board of Pharmacy and provide a literature-based rationale upon which to build pharmacologic strategies for dental procedural related pain.

Biography

Michael Ellis is a Clinical Associate Professor at TAMU College of Dentistry and Baylor University Medical Center, USA with a wealth of experience in the military, the private practice of general dentistry, prosthodontics, and oral and maxillofacial surgery, along with a proven career in academics. He attended SMU and Baylor College of Dentistry prior to owning a well-established practice of general dentistry in Dallas for 6 years. Returning to Baylor College of Dentistry, he then completed consecutive residencies in prosthodontics and oral and maxillofacial surgery before entering into active duty in the US Army. He has served as the Program Director and Chief in multiple advanced education programs in Oral and Maxillofacial Surgery, and has managed the most difficult of patients to include acute combat-related injuries, critically-ill transplant and cancer patients, acute facial trauma from motor-vehicle accidents, interpersonal violence, sports injuries, severe odontogenic infections, facial deformities requiring orthognathic surgery, and challenging ablative pathology requiring multiple forms of reconstruction.

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DAY 2

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SELF-PERCEIVED STRESSORS OF BACHELOR OF ORAL HEALTH STUDENTS AND LEVEL OF SUPPORT IN THE ORAL HEALTH LEARNING ENVIRONMENT



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Despite a recent trend to investigate students' stressors in dentistry learning environments, there is little research on students' stressors in the oral health learning environments. This study aimed to identify self-perceived stressors of Bachelor of Oral Health students to determine if the learning support provided at the University of Otago, Faculty of Dentistry, New Zealand is meeting student's needs. All Bachelor of Oral Health students (n=135) were invited to complete an online modified version of the Dental Environmental Stress Survey. The survey consisted of 39 questions: 7 collecting demographic information, 1 free comment box, and 31 items related to various potential sources of stress which students were asked to rate on a 5-point Likert-type scale ranging from 'not at all stressful' to 'extremely stressful'. Additionally, the student learning support system was examined. Quantitative data were analysed using SPSS software. Around half of the group of respondents were first-year students, with participants from second and third years equally distributed. The items 'fear of being unable to catch up if behind' and 'examinations and assessments' scored the highest, indicating that the students perceived these to be their greatest stressors. Overall, academic requirements were the highest scoring self-perceived stressors for students from all year groups. Stressors related to the clinical environment were highest for second-year students, which is when students start seeing patients. Although there is an existing network of support for students, the study identified several self-perceived stressors over 3 years of Bachelor of Oral Health study that have implications for student support. We describe how existing student support correlates to the findings, and areas where support might be increased. We conclude with directions for future research to better understand students' support needs in the oral health learning environment.

Biography

Hanna Olson has a Master's Degree in Integrative Health Science from the University of Kristianstad, Sweden. In 2015, she joined the Faculty of Dentistry, University of Otago; New Zealand's National Centre for Dentistry, as a Lecturer in the Department of Oral Sciences. Hanna is now Head of Discipline for Dental Hygiene. She has 15 years of clinical work experience as a Dental Hygienist in Scandinavia, providing care for patients of all ages in different settings including private practice, the Community Dental Service, Specialist Dentistry within the Department of Oral and Maxillofacial Surgery clinic and Hospital Dentistry. She has first-hand experience in outreach oral health care and health promotion, which are her core areas of teaching. Some of her interests are multi-professional team work, international collaboration, health care supervision and research on oral health education.

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CLINICAL CASES IN ORTHODONTICS, REMOVABLE APPLIANCES, FACIAL ORTHOPEDICS AND ALIGNERS

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Orthodontic appliances do not diagnose or treat a clinical case. They are tools that, if used properly, will allow us to reach an ideal dental position, within a functional occlusion, in perfect harmony with the TMJ's and associated musculature. After diagnosis, a treatment plan is established and we select the right technique to treat. The interaction of techniques also allows the professional to be comprehensive to all clinical cases, taking advantage of the best part of each technique. Alignments, rotations, leveling and intercuspation are easy to correct with fixed appliances, however the diagnosis may show us the need for an expansion, giving value to the removable appliance and indication in the treatment. Orthopedics is also not the answer to all problems although it is the best solution for early interception of malocclusions, normalizing the functional spaces and allowing the correction of growth. Aligners can be used with success in many cases. All the techniques are excellent when well indicated according to the diagnosis.



Biography

Liana Lima Pinheiro is the Author of the first Brazilian book of "Lingual Orthodontics". She is also the Creator of the first regular course in Lingual Orthodontics in Brazil, teaching all over the world. She has a Master's in Orthodontics and Facial Orthopedics, Doctor Degree in Laser in Orthodontics, and is specialized in Orthodontics and Facial Orthopedics. She has a Post-graduate degree in Functional Occlusion. She is the Managing Director of Oficina De Ortodontia, an Orthodontic School in Brazil. She is an Honorary Member of the Brazilian Odontology Academy and also Odontology Academy of Rio de Janeiro, an important title to her professional career not only in recognition of her clinical and educational work but also her professional success.

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NURSING STAFF KNOWLEDGE CONCERNING ORAL HEALTH AMONG EATING DISORDER PATIENTS

Birgitta Lindquist, Emma Särnblom & S H Franco
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Introduction: Different problems as tooth decay, gingivitis and dental erosions are more frequent in individuals suffering from eating disorders. Previous studies have shown that there is limited knowledge concerning oral health among different health professionals working with patients with eating disorders. The purpose of this survey-based study was to present how the staff describes their knowledge about the potential risk of oral illness in their patients.

Methodology: The survey consisted of 18 questions with answer options presented. The questions addressed how the staff perceives the importance of oral health of their patients and their experience and knowledge of oral symptoms and how they acquired it and used it in patient care. The response options ranged from "Very good/very important" to "very bad/not important" for questions that measured the experiences and attitudes as well as "Yes/No/Do not know" – answers for the questions measuring whether staff are knowledgeable about the subject in question. Three participating clinics were included. In total, 53 surveys were sent of which 29 were answered.

Results: Nearly half of the respondents stated that patients found that oral health was important. The majority had occasionally received questions about oral health and they ask their patients about their oral health in relation to their eating disorders. There were more participants that had obtained their knowledge from their daily work rather than from earlier undergraduate studies. The results of the study suggest that participants experienced lack of knowledge in some areas.

Conclusion: This study supports the results of other studies and indicates that there is a willingness and a need to increase the knowledge of oral health among the professional categories at the eating disorders clinics.

Biography

Birgitta Lindquist has completed her PhD from Gothenburg University, Sweden. She has been working with carious and eating disorder patients at the Clinic of Odontology for the past 30 years. She is a Lecturer, Odontology Doctor and Cariology & Oral Health Practitioner.

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